

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FILING DATE**

**APPLICANT(S)**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	.					
4						
5						
6						
7						
8	/					
9		/				
10		/				
11		/				
12		(g)				
13		(d)				
14						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	9	10	11	12	13	14

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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58						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IN

**TOTAL  
PER**

DEP.  
TOTAL

## **CLAIMS**

IND. 9

20

122